

Registration Form

To Ensure fast service we recommend that you:

Fax: Simply fax the registration form with your credit card number (**Visa/MasterCard., Discover, Amex** to our office 24Hours a day seven days a week to 327-7090

Mail In: Send form, Payment and signed waiver to: Indy Parks and Recreation, 200 E Washington Street, CCB 2301 Indianapolis, Indiana 46204 (Mail in does not necessarily ensure a spot in the class. See General Information) **Checks payable to: INDYPARKS**

Telephone: (For Visa, MasterCard, Discover, AMEX users, or free classes) Please have information ready to give over the phone 317-327 PARK (327-7275)

General Information

- Enrollment is on first come first Serve basis
- Class confirmation is not guaranteed by mailing or faxing registration form with payment: Classes may be full.
- If the class is full you will receive a confirmation letter or telephone call, to discuss alternate class locations.
- No refunds will be granted unless a program or class is cancelled by Indy Parks.
- Every class has a minimum and maximum enrollment to ensure a quality experience
- Activity fees are due at time of registration.
- For special accommodations, please register two weeks prior to the start date.

- Class Cancellations:**
Indy Parks and Recreation reserves the right to cancel, combine or divide classes, to change time, date or place, to change the instructor assignments and to make other revisions which may become necessary.

Activity Fees: Fees should be submitted at time of registration. Make checks payable to Indy Parks. Cash will be accepted. Returned checks will be assessed a \$20 processing fee. If classes are full, participants may elect to have their name placed on a waiting list. Classes may be added to accommodate these interests.

Special Needs: Residents of all abilities are invited to participate in any Indy Parks and Recreation Program. If you have questions regarding program accommodations or facility accessibility, please call the Indy Parks Special Needs coordinator at 327-7418.

**FOR OFFICE USE
ONLY**
Date Received _____
Processed by _____ Pymt
Method _____
BATCH _____

Date Received
Processed by ____ **Pymt**
Method
BATCH _____

Name	Date of Birth	Course Code	Name of Course	Fee
			Processing fee	\$1.00
			Total Paid	

- I have read and understood the registration and refund policies. I have read and signed the waiver below this form (Registration not valid without signature).

Signature of person registering participant(s)	email address
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Name of person registering participant(s)	Day Phone
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Address	Home Phone
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City	State	Zip code
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CREDIT CARD: Check One _ VISA _ MASTERCARD _ Discover _ AMEX
Card # _____ Expiration date _____ CVV _____
Code _____
Card Issued to (please print) _____
Signature _____

Checks made payable to INDY PARKS. Check # _____

D.L. # _____

State _____

Date of Birth _____

Waiver and Release from Liability

(I) (We) _____ do hereby RELEASE and forever Discharge the said Department of Parks and Recreation and the Consolidated City of Indianapolis, Indiana and their respective agents, officers and employees, from all claims, demands, damages or claims, for relief on account of any and all injury which may exist or which may hereafter arise from participation in this 2013 Department of Parks and Recreation program. (I)(We) do further agree to protect the said Department of Parks and Recreation and/or the Consolidated City of Indianapolis, and their respective agents, officers and employees, from any damages incurred by way of claim, demand, judgement and agree to reimburse said Department of City from any loss, damage or cost incurred. I affirm under penalties of perjury that (I) (We) am 18 years of age or older , and that I executed the above forgoing Waiver And Release From Liability and that such are true and correct to the best of my knowledge and belief, this _____ day of _____, 2013.

(I) (We) HAVE READ THIS DOCUMENT AND UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS.

Signature of Parent or Guardian if participant is under 18 years of age _____

Photographic Release

I hear by (DO) (DO NOT) consent to and authorize Indy Parks and Recreation to reproduce photographs or video of my child for advertising and publicity purposes of any description (Initials) _____